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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

### Complete if Known

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Application Number	10/099,797
TOTAL AMOUNT OF PAYMENT (\$)	Filing Date	March 15, 2002
910.00	First Named Inventor	HYNES, Richard A.
	Examiner Name	REIP, David Owen
	Art Unit	3733
	Attorney Docket No.	4002-2968/PC730.00

### METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims \_\_\_\_\_ -20 or HP = \_\_\_\_\_ Fee (\$)  
HP = highest number of total claims paid for, if greater than 20

Extra Claims \_\_\_\_\_ Fee Paid (\$)  
= \_\_\_\_\_

Independent Claims \_\_\_\_\_ -3 or HP = \_\_\_\_\_ Fee (\$)  
HP = highest number of independent claims paid for, if greater than 3

Extra Claims \_\_\_\_\_ Fee Paid (\$)  
= \_\_\_\_\_

### Multiple Dependent Claims

Fee (\$)  
x \_\_\_\_\_

Fee Paid (\$)  
= \_\_\_\_\_

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets \_\_\_\_\_ -100 = \_\_\_\_\_ Extra Sheets \_\_\_\_\_ /50 = \_\_\_\_\_ Number of each additional 50 or fraction thereof \_\_\_\_\_ Fee (\$)  
(round up to a whole number) x \_\_\_\_\_ Fee Paid (\$)

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE

1 month extension of time-large entity

Fee Paid (\$)

790.00

120.00

### SUBMITTED BY:

Signature		Registration No.: (Attorney/Agent)	41,642	Telephone:	(317) 634-3456
Name (Print/Type):	Christopher A. Brown	Date:	December 5, 2005		

### CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on:

Name (Print/Type)	Suzette L. Davis
Signature	
Date	December 5, 2005